PLEASE READ ALL II		E COMPLETING THIS FORM.
APRICA 10	RID DEPARATEM COSTA	TE .
REINSTATEMEN	Secretary Suite DR SION OLCOF, OF TIONS	PH. H.
DOCUMENT #P9700045900		99 MAY 24 PM 1:56
VISTA TRANSPORTATION CO. INC.		TALEATIASSEE FLORIDA
4872 SE 110TH ST. BELLEVIEW, FL. 34421	PO BOX 1468 BELLEVIEW, FL. 34420	
If above addresses are incorrect in any way, line through inco 2. New Principal Office Address, If Applicable 11213 SE 53RD CT.	v Mailing Office Address, If Applicable SAME	4. Date Incorporated or Qualified To Do Business in Florida
Suite, Apt. #, etc. Suite, City & State City &	Apt. #, etc	5. FEI Number Applied For
BELLEVIEW FL.	SAME COUNTY	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer and/or Director	T r (Florida nonprofit corporations must list a	at least 3 directors)
Name of Officers Street Address of Each Officer and/or Directors Officer and/or Director City / State / Zip 2 3 (Do NOT Use Post Office Box Numbers) 4		
P/D JOE MILLS JR. 11213 SE 53RD CT. BELLEVIEW, FL. 34421		
S/D MARY L. MILLS 11213 SE		CT. BELLEVIEW, FL. 34421
8. Name and Address of Current Registere	d Agent Name	200028981221 -06/08/9901050010 ****308.75 ****308.75
JOE MILLS JR.		SAME ss (P.O. Box Number is Not Acceptable)
11213 SE 53RD CT.		SAME Etc.
BELLEVIEW, FL. 34421		State Zir Code
10. It being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607,0505, F.S.		
Signature of Registered Agent For Mills Fr. Date 4/26/99 REGISTERED AGENT MUST SIGN		
11. This cerporation owes the current year Intangible Personal Property Tax due June 30. Yes No No (See other side for information or intangible tax.)		
12. Learlity that Lam an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617. F.S. I further certil / that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401. F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i). F.S. The ir formation indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath		
SIGNATURE: SENATURE AND TYPES OF PHYSES NAME OF SIGNING OFFICER OR DIRECTOR 4/26/99 (352)745-3692		

04/26/99

FROM: VISTA TRANSPORTATION CO. INC

11213 SE 53RD COURT

P O BOX 1468

BELLEVIEW, FL 34421

TO. FLORIDA DIV. OF CORP. REINSTATEMENT DIV TALLAHASSEE, FL

DEAR SIR:

PLEASE NOTE THAT WE DID NOT RECEIVE A ANNUAL FORM FOR 1998, WE ARE REQUESTING THAT ANY PENALTIES SHOULD BE EXCUSED BECAUSE THE STATE FAIL TO FOWARD THIS FORM TO US OUR MAILING ADDRESS WAS ON RECORD.

RESPECTFULLY